

# FY 2012 INVOICE

## WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES

GRANTEE NAME: _____	Grant # _____
_____	COMMITMENT # _____
REMITTANCE ADDRESS: _____	INVOICE # _____
_____	FEIN # _____
_____	WVFIMS VENDOR # _____
DATES OF SERVICE FROM: ____ / ____ / ____	TO ____ / ____ / ____

STATE ACCOUNT NUMBER	TOTAL CURRENT BILLING
0525-2012-XXXX-219-252/258 GENERAL REVENUE	
0525-2012-XXXX-221-252/258 FAMILY SUPPORT	
0525-2012-XXXX-804-252/258 RENAISSANCE PROGRAM	
0525-2012-XXXX-803-252/258 C.A.C. COMMUNITY PLACEMENT	
5156-2012-XXXX-335-252/258 HOSPITAL GENERAL REVENUE	
8793-2012-XXXX-096-128-XXXXX SUBSTANCE ABUSE BLOCK GRANT	
8794-2012-XXXX-096-128-XXXXX MENTAL HEALTH BLOCK GRANT	
8723-2012-XXXX-096-128 CATEGORICAL GRANTS	
8723-2012-XXXX-099-128 OLMSTEAD PLANNING	
5207-2012-XXXX-099-252/258 Special Projects	
0525-2012-XXXX-208-258 SPECIAL OLYMPICS	
GRAND TOTAL	0.00

GRANTEE:

(Print Name)		
NAME	TITLE	DATE

I HEREBY CERTIFY THAT THE SERVICES HAVE BEEN RECEIVED.

B.H.H.F.  
APPROVAL

NAME	TITLE	DATE